

The Physicians Role in Early Intervention



Together, physicians and early intervention personnel can help parents make a difference in the lives of their children with developmental delays and disabilities.



Early identification is critical. "Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home and an appropriate responsibility of all pediatric health care professionals...children who have positive screening results for developmental problems should be referred to early developmental intervention and early childhood services and scheduled for earlier return visits to increase developmental surveillance."-Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Children With Special Needs Project Advisory Committee; PEDIATRICS Vol. 118 No. 1 July 2006.

Link families to early intervention

As a primary health care provider and a central figure in a child's medical home, you are often a family's first link to early intervention services. Parents may bring a developmental concern to your attention or you may identify a concern as part of a routine visit or developmental screening. You can help families engage in the early intervention process in five simple ways.

Screen infants and toddlers for developmental delays, atypical development and high probability medical conditions.

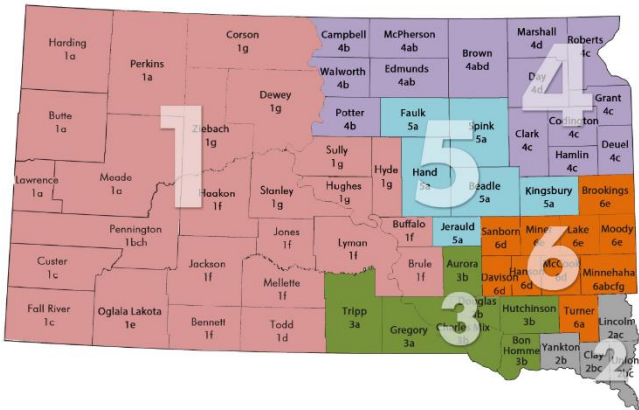
Refer infants and toddlers ages birth to 36 months to their local Birth to Three Program as soon as you or the family becomes concerned about the child's development. When making a referral, provide as many details as possible about the child's developmental and health status. This information will help the local Birth to Three Program prepare for an initial assessment of the child and develop an Individualized Family Service Plan (IFSP) if the child is determined eligible.

Sign the Primary Care Physician's form if requested. This assures that funding sources such as Medicaid and private insurance are accessed prior to requesting Birth to Three (Part C) funding. Birth to Three funds are considered payer of last resort.

Refrain from giving a prescription for services. According to federal rule, services must be decided upon by the child's Individual Family Service Plan (IFSP) team.

Contact the regional program in the county where the child and family live

1. **Black Hills Birth to Three**
800.219.6247
2. **Southeast Birth to Three**
800-305-3064
3. **CORE Birth to Three**
800-305-3064
4. **Hub Area Birth to Three**
888-829-0052
5. **Heartland Hands Birth to Three**
800-965-4106
6. **Center for Disabilities Birth to Three**
800-658-3080



After a physician makes the referral

Eligibility is determined.

After a referral is made to the appropriate region(s), the local Birth to Three Program contacts the family to describe the program. If the family consents, a screening and evaluation (if necessary) are scheduled to determine whether the child is eligible for early intervention. See sidebar at right for eligibility criteria. A multidisciplinary eligibility evaluation includes at least two different disciplines. The child's adaptive, cognitive, language, motor and social-emotional development are assessed as part of this process, as are the child's hearing vision and general health status.

Individualized Family Service Plan is developed.

If the child is determined eligible for early intervention, the local Birth to Three Program representative develops an Individualized Family Service Plan (IFSP) with the family, within 45 days of the referral. The IFSP is the working document that identifies services and supports (including frequency and duration) to meet specific early intervention outcomes for the child, based on the unique needs of the child and family. In most cases, early intervention services listed on the IFSP begin within 30 days of the date of the parent's signature on the plan. The IFSP is reviewed on an ongoing basis and modifications are made as appropriate. The IFSP is rewritten annually, or more often if necessary.

Child receives early intervention services.

Children who are eligible for early intervention will continue to receive early intervention services until the delay or atypical development resolves. If the concerns are resolved, the local Birth to Three Program will help the child and family transition to other community resources as appropriate. If concerns persist to age 3, the local Birth to Three Program will transition the child and family to community or school district services.

Eligibility criteria

Infants and toddlers, birth to 36 months of age, inclusive, are eligible for services if identified by providers of licensed health care and education services as:

- Demonstrating a developmental delay of at least a 1.5 standard deviation below the mean, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development, physical development, including vision and hearing; communication development; social or emotional development; or adaptive development; or
- Having a diagnosed physical or mental condition that has a high probability of resulting in developmental delays, including but not limited to:
 - o Down's syndrome and other chromosomal abnormalities;
 - o Sensory impairments, including vision and hearing
 - o Inborn errors of metabolism; microcephaly
 - o Severe attachment disorders, including failure to thrive
 - o Seizure disorders
 - o Fetal alcohol syndrome
- Born at 28 weeks gestation or less
- Informed Clinical Opinion, which is determined by the child's school evaluation team

Research demonstrates that interventions are most effective when they are family-centered and goals are individualized.



Physician's Guide to SD Birth to Three

Family-Centered Services

"Research demonstrates that interventions are most effective when they are family-centered; goals are individualized to meet resources of the children and families served; and strategies and activities target everyday childhood experiences." -Shonkoff, JP and Phillips, DA (Eds.) (2000). From Neurons to Neighborhoods. The Science of Early Child Development. Washington, D.C.: National Academy Press.

The South Dakota Birth to Three Program

provides family-centered services by:

- Treating families with dignity and respect
- Providing choices to meet individual family priorities and concerns
- Sharing all available information so that families can make informed decisions
- Providing support that empowers families and enhances parental competence

More about early intervention in South Dakota

The South Dakota Birth to Three Program provides family-centered early intervention services and supports to help families enhance their children's developmental potential. In 2018, early intervention services were provided to more than 2,200 children and their families through local Birth to Three Programs.

Research and best practices demonstrate that infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts. The Birth to Three Program bases its early intervention practices on best available research and evidence-based practice, while adhering to relevant laws and regulations under Part C of the Individuals with Disabilities Education Act (IDEA).

Acknowledging the primary role of the family in the early intervention process, South Dakota's early intervention system has evolved from a traditional child-centered "clinical model" to a family-centered developmental model where service providers work with the family in planning and providing services to help foster the development of their child. The family participates as a member of the Individualized Family Service Plan (IFSP) team that decides which services are best for that individual child and family. Outcomes are generated by the IFSP team based on the unique needs, interests and resources of that child and family.

Since each family has its own aspirations, individualized early intervention outcomes are likely to differ from one child to another despite the fact that children may have the same disability. Similarly, the frequency, duration and types of services may differ for children who share the same disability. Factors such as severity of the disability, the child's age and temperament and the family needs and resources, contribute to decisions regarding the type and amount of early intervention services provided.

For more information on South Dakota's early intervention system, call 605-773-3678 or tollfree 1-800-305-3064, or visit <http://www.doe.sd.gov/oess/Birthto3.aspx>

What is Early Intervention?

Through the South Dakota Birth to Three Program, young children with developmental delays, age birth to 36 months, may be eligible for early intervention. This voluntary statewide system of services and supports is designed to enhance the potential for growth and development in children with developmental delays.

In collaboration with the child's family, Birth to Three teams design an Individual Family Service Plan (IFSP) which supports the family's capacity to meet their own child's needs. Interventions and supports occur within the family's natural activities rather than as an "add on" to their routines.

A pediatrician, NICU doctor, family physician or other health care provider is often a family's first link to early intervention. If you or a child's family has a concern about a child's development, please refer the child and family for early intervention.

**Be the link.
Make the referral.**

The earlier, the better.



For additional information, call the South Dakota Birth to Three Program: 605-773-3678 or toll free 1-800-305-3064.